



2015

COMMUNITY BENEFIT REPORT



Children's National™



For almost 145 years, Children’s National Health System has been privileged to serve families in the community by providing medical care, education, and outreach to kids. As the region’s only dedicated health system for children, we have multiple clinics and specialists committed solely to children’s health. *U.S. News & World Report* ranked us in the top ten out of all the children’s hospitals in the country for 2015-2016, and we continue to be one of the top ten children’s hospitals and departments of pediatrics for NIH research funding. These achievements reflect our ability to give every child the best possible care.

What continues to drive us is the positive impact we see in our communities, not only through the services provided in our medical clinics or in the emergency department, but in neighborhood programs that stretch across the region – programs that are built to meet the changing needs of children for generations to come.

As we began drafting this report, we wanted to answer three critical questions:

- What does providing care for the community really mean?
- How are we changing to meet the community’s emerging needs?
- At the end of the day, what will this care look like?

In this report, the programs we’ve chosen to profile illustrate how our clinical expertise and strategic partnerships have uniquely positioned us to respond to these questions. We highlight community initiatives that are focused on reaching parents, caregivers, and clinicians with lifesaving training and education. We also profile programs – including the DC Collaborative for Mental Health in Primary Care, Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC), and the Safe Concussion Outcome Recovery & Education (SCORE) program – which involve interdisciplinary collaborations that share tools and experiences and steer research and education in new and exciting directions.

We continue to build the ties between advanced pediatric care and our communities in order to help all of our kids grow up stronger.



*Kurt Newman*

Dr. Kurt Newman  
President and Chief  
Executive Officer



*Tonya Kinlow*

Tonya Kinlow  
Vice President, Community Engagement,  
Advocacy, and Government Affairs





## IMPROVING COMMUNITY HEALTH

### Children's National Health System and the District of Columbia Healthy Communities Collaborative

The factors that influence health are numerous, varied, and interrelated. Each factor can profoundly influence one's access to healthcare and the insurance to pay for it, including biology and genetics, as well as social and economic factors (such as income, education, and employment).

Research on health determinants continues to show that health outcomes have much more to do with social and economic factors than with clinical care. Given these complexities, it is clear that no one entity alone can effectively keep individuals and communities healthy. It's a shared responsibility; one that requires full coordination of efforts and deep understanding of community needs.

Since 2012, the District of Columbia Healthy Communities Collaborative (DCHCC) – comprised of four hospitals and four community-based health clinics – has brought collective expertise, resources, and thought leadership to defining and addressing the city's most pressing health concerns. Armed in 2013 with the results of an exhaustive health needs assessment, the Collaborative quickly identified several health priorities for the District – sexual health; mental health and substance abuse; obesity/overweight; and asthma – and went to work developing a comprehensive Community Health Improvement Plan that would guide its efforts for the next three years. Children's National identified two additional health priorities – oral health and injury prevention. With input from stakeholders and

a community advisory board, Children’s National, as part of the DCHCC, has implemented projects with key successes including:

- Completion of a community asset mapping tool;
- Integration of routine mental health screenings into the city’s primary care clinics; and
- Creation of a data repository to inform evidence-based clinical, policy, and advocacy related to sexual health.

By 2014, members of the DCHCC had begun thinking about a framework for its second community health needs assessment. A key consideration was whether or not to bring the research ‘in-house,’ with members of DCHCC involved in everything from research design to data analysis. “It really was a matter of taking full ownership of the project,” said Chaya Merrill, DrPH, DCHCC member and Director of the Child Health Data Lab at Children’s National. “The RAND Corporation conducted the 2013 needs assessment and did a wonderful job. Since such a large part of DCHCC’s work is in the community, it felt natural to become more involved in how the research would actually be conducted and interpretation of the results.”

In keeping with the current focus on population health, DCHCC decided that this assessment would focus less on specific clinical conditions and more on underlying risk factors and health-related social determinants. To ensure this type of data would be captured, the group incorporated greater community input through use of qualitative methods – such as focus groups and in-depth interviews – into its plan, along with the standard quantitative analysis. Led by the Child Health Data Lab at Children’s National, DCHCC members took part in conducting interviews with key stakeholders, facilitating focus groups and other data collection activities. According to Merrill, their involvement brought “...an important perspective and contextual nuance” to the data analysis process, as well.

The next step for DCHCC members will be to use the latest community health needs assessment findings to develop an evidence-driven Community Health Improvement Plan (CHIP). The ultimate goal of the CHIP is to improve the health and well-being of DC residents in a measurable and sustainable manner.

#### Members



#### Ex-officio Members





## PROVIDING MENTAL HEALTH RESOURCES TO PEDIATRICIANS

### DC Collaborative for Mental Health in Pediatric Primary Care

Primary care physicians (PCPs) are increasingly on the front lines of mental health – from screening toddlers for autism to starting and managing medications for Attention Deficit Hyperactivity Disorder or depression. While there is a significant proportion of the child and adolescent population with identified mental health needs, only a minority of those are actually receiving services. This trend is troubling on several fronts. Missed opportunities for early assessment and treatment of a mental health condition can have devastating consequences for children, families, and entire communities. Current data underscore this concern:

- 70 percent of youth in the juvenile justice system today have at least one mental health condition; and
- 90 percent of children who commit suicide also have a mental health condition.

The DC Collaborative for Mental Health in Pediatric Primary Care (DC Collaborative) has been working for several years to improve the integration of mental health in pediatric primary care in the District of Columbia. Headed by Lee

Beers, MD, Children's National is the administrative home for this city-wide directive, which is aimed at supporting health care providers and families and affecting change in public policy. Although this is a comprehensive push to meet the needs of all youth, the Collaborative is primarily focused on early diagnosis and intervention, and specifically targets infants, toddlers, and preschoolers for special attention.

The overarching goal of the DC Collaborative is to answer the unmet needs of children by ensuring that their mental health is a key indicator of their overall health. These initiatives continue to grow, improve, and expand their reach in order to better serve providers across Washington, DC.

The group's earliest efforts involved meeting one of the most basic and practical needs – providing PCPs with accurate and timely information about available area mental health resources. As Leandra Godoy, Children's National Program Manager, points out,

"Many pediatricians feel nervous talking about mental health simply because they are unsure what the referral resources are for children's services." After learning that only 35 percent of DC pediatricians had an up-to-date listing of mental health providers, one of the group's first goals was to facilitate referrals by developing an easily accessible directory of community behavioral health resources. This was especially relevant in light of new DC Medicaid mandates that required pediatric PCPs to perform annual mental health screenings as part of all well child visits.

The result was the Child & Adolescent Mental Health Resource Guide, ([www.dchealthcheck.net/resources/healthcheck/mental-health-guide.html](http://www.dchealthcheck.net/resources/healthcheck/mental-health-guide.html)), a tool that helps providers quickly and confidently refer patients to community resources that offer a wide range of services, including: crisis intervention and inpatient hospitalization; perinatal and early childhood (ages 0-5) care; therapy, counseling and psychiatry; as well as alcohol and substance abuse treatment. Recognizing the emotional toll mental health problems can take on the entire family, the guide also lists community-based support groups for both parents and caregivers.

Along with the guide, more than 150 pediatric providers from 16 practices enrolled in a quality improvement learning collaborative to improve mental health screening practices. Over the course of the 15-month learning collaborative, the number of developmental and behavioral health screenings billed to DC Medicaid increased from 5,020 in fiscal year 2013 to 22,762 in fiscal year 2015, which indicates an increase of 353 percent.

PCPs also benefit from a child mental health consultation through the DC Mental Health Access in Pediatrics (DC MAP), which was initially piloted in May of 2015 with providers at Children's National and MedStar Georgetown

"SPEAKING WITH THE PSYCHIATRISTS FROM DC MAP HAS HELPED ME MANAGE PATIENTS WITH DIFFICULT MENTAL HEALTH DIAGNOSES WHO OTHERWISE WOULDN'T GET CARE. THEY HAVE BEEN A GAME-CHANGER FOR ME AS A PRIMARY CARE PEDIATRICIAN!"

- KRIS SCHMITZ, MD

University Hospital primary care clinics. DC MAP's staff members consist of psychologists, psychiatrists, social workers, and care coordinators – all providing real-time phone consultations that allow physicians to easily consult with experts. The program also offers free mental health training for pediatricians through webinars, on-site learning, and newsletters. In September of 2015, DC MAP launched District-wide, offering the same services to any practice in Washington, DC. Enrollment is free and any primary care provider is able to use the service, including private practice, academic health centers, federally qualified health centers, and school based health centers.

Since September, DC MAP has logged more than 200 incoming calls, and helped more than 90 providers manage the mental health concerns of their patients and families. Participating in the national network of approximately 30 similar initiatives in other parts of the country and implementing best practices, DC MAP provides exceptional and comprehensive support to pediatric providers across the city.





## MAKING VEHICLES SAFER FOR CHILDREN

### Safe Kids DC Car Seat Inspection Stations

The installation of a car seat may seem like a simple, routine task that would not require help from a certified professional. Unfortunately, that's not the case. While proper car seat use can reduce the risk of vehicular death for infants by a staggering 71 percent, about three-quarters of child restraints involved in accidents show critical misuse and inappropriate installation. Additionally, 96 percent of parents believe their child's seat may be installed incorrectly.

Through collaboration with partners – including the District Department of Transportation, Metropolitan Police, DC Emergency Medical Services for Children, DC Department of Motor Vehicles, YMCA of Greater Washington, DC Department of Health, and Safe Kids

Worldwide – certified child passenger safety technicians in Safe Kids DC Car Seat Inspection Stations educate parents about how to properly install and use car seats, and also link families to resources for obtaining child restraints at discounted rates. Some families are unable to afford the cost of new car seats, so financial assistance is an integral part of the program. Agencies like the Mayor's Office of Latino Affairs have been invaluable in providing access to the city's most vulnerable populations, as well as helping raise awareness about the program and how to access assistance if needed.

A fixture at several vehicle inspection sites throughout the city for many years, the program was re-evaluated in fiscal year 2015 to address community needs and restructure

the program's outreach. Changes were made to ensure seat inspection was available in those neighborhoods that needed it most, which included re-opening a popular site on the hospital campus. In addition, a Safe Kids Day was held at the Bald Eagle Recreation Center in April of 2015, which attracted 115 attendees and covered all aspects of child safety including pedestrian and passenger safety, as well as fire, home, and sports safety.

## THE PROGRAM'S COMMITMENT TO COMPREHENSIVELY ADDRESS VEHICLE SAFETY AT TARGETED SITES RESULTED IN A 114 PERCENT VOLUME INCREASE AT CAR SEAT INSPECTION STATIONS AND THE ABILITY TO SERVE MORE THAN 700 PEOPLE CITYWIDE.

---

These statistics, while impressive, do not begin to tell the story of how important these services were to families over the past year and how much they contributed to saving lives:

"Right before Christmas, my family and I were traveling home when we were rear-ended. Thankfully everyone survived this horrific accident...I visited the DC Safe Kids location at THEARC because I thought it was time to adjust the seat for my 3 year old. Ms. Perkins-Swain discovered that both car seats required adjustments. After this accident, I am very grateful I took the time to check their seats." – Nicole Luke

"I wanted to write to you expressing my sincerest thanks and gratitude to Ms. Sylvia Perkins-Swain for her incredible service in helping to teach me how to properly install my daughter's car seat...I am a pediatrician and even with my background I learned so much from Sylvia. She demonstrated exceptional customer care and service and she should be recognized with the department for her wonderful work." – Shaanan Meyerstein, MD, MPH

Program planners stress the need for continual education about the purchase, maintenance, and expiration of car seats. For example, they note that many people fail to complete and return manufacturer postcards for recall notification, and that some are unaware that car seats actually expire and should never be purchased second hand or reused after an accident. Moreover, 'veteran' parents and caregivers often ignore installation instructions and rely on past experience, as do people who find the instructions difficult to read or understand. Staff knows from experience that Inspection Stations go a long way toward bridging the gap created by lack of awareness and misinformation, and that inspections make it possible to keep kids safe and secure.

Future growth for the Safe Kids DC program will include a push to create and maintain a consistent partnership with DC public and charter schools to promote Car Safety Inspection Stations and to provide overall safety and injury prevention education for children and parents.



## HELPING FAMILIES IN THE DISTRICT BREATHE EASY

### Improving Pediatric Asthma Care in the District of Columbia

When parents drop their young children off at day care and early childhood education centers, they trust that professionals will not only tend to their educational and social needs, but any special health needs as well. This is particularly true for the parents of children with asthma, since symptoms can be difficult to spot and delayed response can prove deadly. Asthma is the most prevalent chronic childhood disease, affecting more than 7 million children in the United States and accounting for more school absences and hospitalizations than any other chronic condition. District children are 1.5 times more likely to have asthma than the national average. In the light of these statistics, teaching those who spend the most time with children to confidently spot, treat, plan for, and prevent asthma flare-ups became a priority for Children's National.

Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC) is a pediatric asthma program dedicated to improving asthma care and outcomes

through its clinic and through community health education workshops and other outreach activities. Although the program is designed to meet the asthma needs of all youth, clinic utilization data and findings from a citywide community health needs assessment led administrators to refocus their efforts and target children age 5 and younger with expanded and improved services. Providing asthma education and training for day care and early childhood professionals became a focus. In 2014, IMPACT DC launched an intensive, two-hour training program that was accredited by and in partnership with the Office of State Superintendent of Education (OSSE), Early Learning Division, and was specially-designed to equip licensed day care providers and preschool professionals with the tools to take care of the city's youngest asthma sufferers.

The training was initially offered on-site at Children's National, with subsequent trainings held at OSSE and actual neighborhood day care and early child

development centers. According to Molly Savitz, IMPACT DC's Outreach Director, identifying the most appropriate centers for education was as straightforward as learning where in the city most of the hospital's asthma patient population resided. "Families that come to us in the IMPACT DC Clinic or in the hospital are from areas with the highest rates of asthma," Savitz explains. "By relying on that data, we know we are focused on centers in neighborhoods where the need is the greatest."

The training uses a two-pronged approach that involves helping participants to first identify the signs and symptoms of asthma in young children and how to administer appropriate medication, and then understand the environmental triggers that may prompt an asthma flare-up and how to reduce the exposures. The program is uniquely interactive, utilizing hands-on demonstrations, dolls, and props, such as inhalers and cleaning supplies, to ensure that participants have a clear understanding of how to recognize and manage asthma, as well as keep individual facilities healthy for children with asthma. This effort paralleled the creation of new materials available in the IMPACT DC Clinic to keep families abreast of early warning signs, treatment, and how to communicate with day care centers regarding medication use and environmental exposures.

Response to the program was enthusiastic in fiscal year 2015. With support from Fight for Children, training has been provided to 199 day care and early childhood educators serving 3,894 children. Both program providers and participants recognize the positive impact to the community:

**"...THIS TRAINING WAS VERY, VERY HELPFUL. I FEEL A LOT MORE COMFORTABLE GIVING MEDS."**

**"IT'S REALLY TERRIFIC, PEOPLE HAVE REALLY TAKEN THIS ON...I THINK WE'VE DETECTED THERE'S A GREAT NEED FOR THIS EDUCATION, NOW THAT WE'RE IN OUR THIRD YEAR, WE'VE HAD PEOPLE COME BACK BECAUSE IT'S BEEN A YEAR AND THEY WANT A REFRESHER."**

Initial findings show that information received was not only being retained but also applied and integrated into facilities' day-to-day operating procedures. Some centers reported taking steps to reduce environmental triggers, including changing to 'green' cleaning supplies or developing employee policies to prohibit or limit wearing cologne or smoking while on the job. Others reported increasing outreach and education efforts by working with families to develop an individualized Asthma Action Plan, or by training staff to speak with parents about the link between smoking and asthma. To Savitz, the more people know about asthma, the more they can help control it. "I think one of the most important things we've been able to do is expand the cohort of caregivers of young children, who [now] have skills in recognizing asthma symptoms and are comfortable administering medications."

This success continues to motivate IMPACT DC staff to look for creative ways to ensure trainings are available in at-risk communities. Future efforts may include forging new partnerships with elementary schools throughout the city. Program administrators are confident that these types of collaboration will expand the program's reach beyond the early childhood setting, and help ensure program sustainability for years to come.





## PREVENTING TRAUMATIC BRAIN INJURY

### Safe Concussion Outcome Recovery & Education (SCORE)

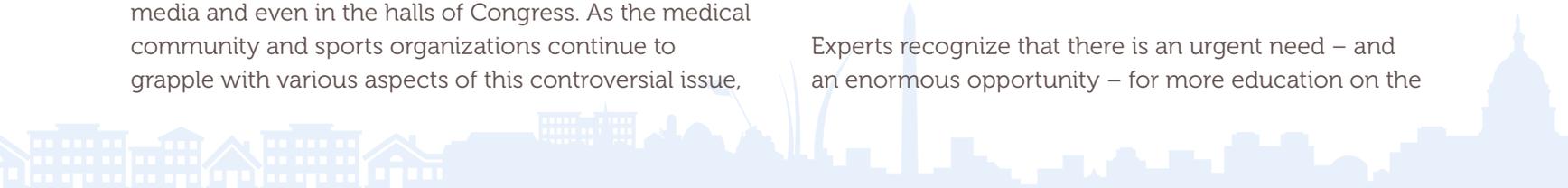
Playing a sport can be an amazing part of a kid's life; full of long-lasting social, emotional, and physical benefits. Along with numerous benefits, there is a chance of injury – and sometimes trauma to the brain.

"Many people are now realizing that a concussion is actually a mild traumatic brain injury," explains Gerard Gioia, PhD, Division Chief of Pediatric Neuropsychology at Children's National and Director of the Safe Concussion Outcome Recovery & Education (SCORE) program. Ninety percent of occurrences do not result in loss of consciousness and, left untreated, concussions may produce long-term brain damage or cause death. Recently, public discussion on the effects of sports-related concussions has shifted from being nearly non-existent to being the subject of regular debate in the media and even in the halls of Congress. As the medical community and sports organizations continue to grapple with various aspects of this controversial issue,

there is one point everyone can agree on: concussions are serious injuries that must be properly recognized and managed to achieve successful outcomes and avoid catastrophic consequences, particularly in the developing brain.

The CDC estimates that anywhere between 1.6 and 3.8 million sports and recreation-related concussions occur in the United States each year. However, according to the National Athletic Trainer's Association, these figures vastly underestimate the total, as many individuals do not seek medical attention. In fact, studies show fewer than half of high school athletes are likely to report a concussion, and nearly 25 percent of collegiate football players participate in their sport while experiencing symptoms of a concussion.

Experts recognize that there is an urgent need – and an enormous opportunity – for more education on the



topic among parents, coaches, athletes, schools, and the medical community. Determined to extend much-needed concussion education into neighborhoods and communities across the region, Dr. Gioia founded the SCORE program in 2003. Through its clinical services, research, and outreach efforts, SCORE evaluates and cares for children and adolescents with mild traumatic brain injuries by consulting with regional and national physicians, and through targeted youth recreational and scholastic sports programs. Since its inception, the program has significantly impacted concussion policy, education and outreach across the region.

SCORE's staff – comprised of neuropsychologists, post-doctoral fellows, and graduate students – trains community medical professionals on all aspects of mild traumatic brain injury using the CDC toolkit, Heads Up, of which Dr. Gioia is a co-author. The team led the development of the free Concussion Recognition & Response smart phone app. The app helps parents, coaches, school nurses, and counselors recognize the symptoms of a concussion, and it provides care recommendations. It also collects information that can be emailed to a physician or family to guide further treatment. SCORE actively hosted classes, workshops and presentations in the last fiscal year, increasing the knowledge base of more than 1,700 youth, teens, and adults around the region.

The program is committed to finding better ways to fit concussion education into the schedules of today's busy families; and one way the team plans to achieve this is by creating an infrastructure where concussion education is available and conveniently located where people already are – at grocery stores, schools, churches, rec centers and other neighborhood sites –

as well as on their phones and computers. This approach is the cornerstone of SCORE's current initiative, which brings the program into the largely rural and under-resourced communities on Maryland's Eastern Shore. Here, Children's National – which already operates inpatient pediatrics at the Peninsula Regional Medical Center in Salisbury – plans to build the outpatient capacity of the SCORE program with expanded community outreach and education. In the coming year, SCORE will focus on recruiting the human resources necessary to implement widespread instruction throughout the greater Salisbury area, ensuring that medical providers, athletic trainers, coaches, and other stakeholders are up-to-date and properly trained.

**FOR THE ENTIRE SCORE TEAM,  
SUCCESS MEANS EDUCATING  
COMMUNITIES SO THAT PEOPLE  
ARE PREPARED TO RECOGNIZE AND  
RESPOND QUICKLY TO THE EARLY  
SIGNS OF CONCUSSION.**

---

The hope is that with early identification, children will receive the proper medical care and experience a fast, uncomplicated recovery.





## SUPPORTING STRONG FAMILIES

### Healthy Families America

All parents can remember how quickly the joy of having a child and starting a family can be eclipsed by the stress and worry of what comes next. For new parents, questions about their child's health, the demands of work and home, and financial responsibilities are never in short supply. However, for young families who may be 'overburdened', unlinked to medical care, and with limited resources and support, not knowing what questions to ask or where to find the answers can devastate an already fragile family structure and impede the development of a healthy child. Children's National is proud to strengthen communities by providing young families with resources and skills that will get their children off to a healthy start.

The Healthy Families America program (formerly known as Healthy Start Healthy Families) sets families on a path toward building nurturing, responsive parent-child relationships and a strong family unit by addressing unmet needs in health care, family literacy, and other

social services. A long standing partnership with Mary's Center – a federally qualified health center deeply entrenched in the communities it serves – allows the program to offer its participants additional services and to target new demographic groups, such as expectant parents, who may be unfamiliar with Children's National and Healthy Families America (HFA). The partnership has already helped parents and families by:

- Providing services to a maximum number of families in communities across the region
- Promoting healthy birth rates by targeting families in the first and second trimester of pregnancy
- Working with parents to ensure at least 90 percent of children receive timely immunizations
- Providing parenting support and education so that 95 percent of enrolled families have no substantiated reports of abuse and neglect

Parents are introduced to the program through their providers. The majority of post-delivery referrals come from providers who work for Children’s National in the community-based locations, but there is a recognized need for additional outreach. “Because Children’s National providers have a lot to accomplish in a short amount of time, we plan to have our supporting staff explain the program to eligible families. By doing this we also hope to heighten the visibility of the services,” explains Sahira Long, MD, IBCLC, Medical Director of HFA.

Ideally, parents become part of the program prior to the birth of the child, but can benefit post-delivery as well. Enrollment allows for interaction with a family support worker, who receives consent to visit the home and assist with a wide range of practical needs from learning positive bonding and attachment strategies and toilet training to resume building, job prep, and financial planning. Specific goals are identified for each family through the creation of a personalized Individual Family Service Plan. By using this tool with the help of the family support worker, families are able to establish realistic benchmarks three to six months at a time. At the end of that time period, goals are reassessed and new ones established, helping give families a sense of accomplishment and purpose. A concerted effort is made to maintain the same family support worker for the duration of the service, which typically lasts until the child reaches age 3. As a result of the partnership with Mary’s Center, participants also have access to targeted and customized workshops and classes, such as the popular Father Child Program and similar programs and support groups.

The success of this unique joint venture has resulted in the program being re-accredited for another four years. During fiscal year 2015, the program helped ensure that:

- 96 percent of babies born to enrolled family members were born at a healthy birth rate
- 100 percent of children enrolled in the program were up-to-date on scheduled immunizations
- 97 percent of enrolled families did not have substantiated reports of child abuse or neglect

The program is set for expansion, as administrators make plans with Mary’s Center that will allow communication between HFA staff and the medical team at Children’s National – all of which offer comprehensive primary care, prevention, diagnosis, and treatment of pediatric health conditions prevalent in the District of Columbia. The program also is piloting the integration of a breastfeeding peer counselor into current home visits. By shifting the sources of referrals and amending the current consent form to include lactation specialists, the idea is to reach a larger number of families in need of encouragement and tangible support, which is what Healthy Families America is all about – promoting positive parenting because great childhoods begin at home.



# COMMUNITY INVESTMENT



2015

## TOTAL Community Benefit.....\$108,011,208

Community Health Improvement Services.....	\$1,853,443	Financial Assistance.....	\$7,856,988
Health Professions Education.....	\$26,346,337	Medicaid Shortfalls.....	\$55,827,718
Subsidized Health Services.....	\$4,291,000	Bad Debt*.....	\$12,568,156
Research.....	\$10,882,216		
Cash and In-kind Contributions.....	\$543,494		
Community Benefit Operations.....	\$410,012		
Community Building Activities*.....	\$69,411		

\* Bad debt and community building activities are part of our community investment but are not recognized by the Internal Revenue Service as community benefits. Therefore, the financials associated with bad debt and community building activities are not included in the numbers for total community benefit.

# Total Community Benefit

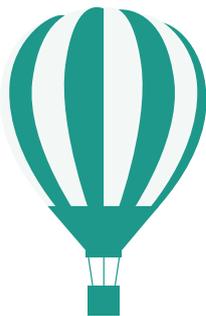
\$108,011,208



**\$55,827,718**  
Medicaid Shortfalls



**\$26,346,337**  
Health Professions Education



**\$10,882,216**  
Research



**\$7,856,988**  
Financial Assistance





## COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES

In partnership with community organizations, government agencies, and individuals, Children's National Health System supported the following programs and activities in fiscal year 2015, providing more than \$100 million in community benefit.

- Advocacy and Public Policy
- Bereavement Programming
- Bike Safety
- Brainy Camps
- Burn Prevention Outreach
- Children's School Services School Health Nursing Program
- Citywide Emergency Management/ Disaster Readiness Activities
- Clinical and Community Health Research
- Community Benefit Operations
- Cystic Fibrosis Foundation Mental Health Planning
- Cystic Fibrosis Mentoring Program
- DC Collaborative for Mental Health in Pediatric Primary Care
- DC Injury Prevention Alliance
- DC Pediatric Oral Health Coalition
- East of the River Lactation Support Center
- Educational Summits
- Emergency Medical Services for Children (EMSC) National Resource Center (NRC)
- Enrollment Assistance
- Fall Safety Program
- Family Conference for Leukodystrophy Patients
- Health Care Support Services
- Health Fairs
- Healthy Families America (formerly known as Healthy Start Healthy Families)
- Healthy Generations Program – Support Services
- Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC)
- Magnet® Champions Cereal and St. Ann's Back to School and Holiday Drives
- Medical, Nursing, and Allied Health Professions Education
- Mended Little Hearts
- Montgomery County Public Schools High School Sports Medicine Coverage
- Museum Academy Program
- Neonatal Resuscitation Program
- Nurse Exchange Program
- Nursing Child Health Advocacy Program Education Fair
- Parish Nursing Program
- Pedestrian Safety/Walk Safely Program
- Remembrance Support Group
- Safe Concussion Outcome Recovery & Education (SCORE)
- Safe Kids DC Child Passenger Safety Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- S.T.A.B.L.E. and Cardiac S.T.A.B.L.E.
- STRIVE (Adolescent Support Group)
- Teen Life Clubs



For more information on all of our  
community benefit programs please visit  
[www.ChildrensNational.org/Advocacy/CommunityBenefit](http://www.ChildrensNational.org/Advocacy/CommunityBenefit)  
or contact us at [communitybenefit@childrensnational.org](mailto:communitybenefit@childrensnational.org).

Copyright © 2016 by Children's National Health System.

All rights reserved. The bear logo, Dr. Bear, and Children's National Health System are registered trademarks. The names of the other organizations within the Children's National Health System are service marks of Children's National Health System and/or its affiliates.

Children's is a member of the Children's Miracle Network.

Children's National does not discriminate on any grounds prohibited by applicable law, including race, color, religion, age, sex, national origin or ancestry, sexual orientation, marital status, status as a disabled or Vietnam veteran or as a qualified disabled individual.



**Children's National**<sup>™</sup>